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PTO/SB/21 (04-07) Approved for use through 09/30/2007. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 10/534,593-Conf. #7806

Filing Date October 31, 2005

First Named Inventor Motoyuki ASHIKARI

Art Unit 1638

Examiner Name P. T. Bui

Attorney Docket Number CLIZ 2004 IS

Total Number of Pages in This Submission **SHZ-024US** ENCLOSURES (Check all that apply) After Allowance Communication x | Fee Transmittal Form Drawing(s) to TC Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final **Proprietary Information** Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please x Extension of Time Request Terminal Disclaimer Identify below): Return Receipt Postcard **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name LAHIVE & COCKFIELD, LLP Signature Printed name Jeanne M. DiGiorgio Date Reg. No. September 18, 2007 41,710

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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 1		10/534,593-Conf. #7806				
FEE TRANSMITTAL				Filing Date O		October 31, 2005			
For FY 2007				First Named Inventor N		Motoyuki ASHIKARI			
F01 F1 2007				Examiner Name P		P. T. Bui			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 10		1638			
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attorney Docket No. S		SHZ-024US				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	-	G FEES		ARCH FEES	EXAMI	NATION FEES			
Application Type	Fee (\$)	Small Entity	500 (¢	Small Entity	E (\$)	Small Entity	F !	Delet (6)	
Utility Utility	300	<u>Fee (\$)</u> 150	500 5	Fee (\$) 250	Fee (\$) 200	Fee (\$) 100	<u>rees i</u>	Paid (\$)	
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	000	0			
2. EXCESS CLAIM FEE		100	U	U	U	U		Small Entite	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
Total Claims				Paid (\$)	Multiple Depen		ent Claims		
=					E	ee (\$)	Fee Paid (<u>5)</u>	
HP = highest number of total	-	reater than 20.						_	
4			Fee F	Paid (\$)					
HP = highest number of inde	X	for if greater than 3							
HP = highest number of independent claims paid for, if greater than 3.									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)							<u>Fee</u>	Paid (\$)	
100 = /50 = (round up to a whole number) x							=		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00		
SUBMITTED BY	. 14 .			Registration No.	44 - 4-		10.1=1.5=	4 0000	
Signature M. Signature				(Attorney/Agent)	41,710	Telephone	(617) 994-0882		
Name (Print/Type) Jeanne M. DiGiorgio Date Sep								18, 2007	